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34170

7590

02/09/2006

GOLD & RIZVI, P.A.
 600 N. PINE ISLAND ROAD
 SUITE 450
 PLANTATION, FL 33324-1311

05/11/2006 MBERHE1 00000036 10705281

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H. John Rizvi

(Depositor's name)

[Signature]

(Signature)

May 8, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/705,281

11/10/2003

Vesselin Danailov Miladinov

1084.0100

4913

TITLE OF INVENTION: DIETARY SUPPLEMENT FOR RENAL DIALYSIS PATIENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$700

\$0

\$700

05/09/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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TATE, CHRISTOPHER ROBIN

1655

424-750000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Gold & Rizvi, P.A.

2 H. John Rizvi

3 Glenn E. Gold

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502683 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Date May 8, 2006

Typed or printed name

H. John RizviRegistration No. 41,271

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Vesselin Danailov Miladinov

Serial No.: 10/705,281

Examiner: Christopher Robin Tate

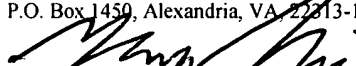
Filed: November 10, 2003

Group Art Unit: 1655

For: DIETARY SUPPLEMENT FOR RENAL DIALYSIS PATIENTS

CERTIFICATE UNDER 37 CFR 1.8(a)

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Reg. No. 41,271

H. John Rizvi

Date: May 8, 2006

TRANSMITTAL LETTER

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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Sir:

Please find enclosed for filing:

- ☒ PTOL-85B
- ☒ Check in the amount of \$700
- ☒ Postage-paid Return Postcard
- ☒ The Director is hereby authorized to charge fees or credit any overpayment to Deposit Account Number: 502683.

Date: May 8, 2006

Respectfully submitted,



H. John Rizvi

Registration No. 41,271

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Docket No. 1084.0100